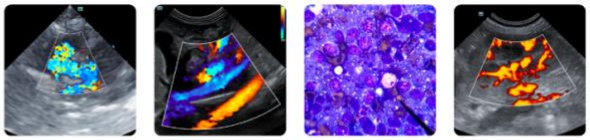

PATIENT

Oscar Carty

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.05 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Genevieve & Dr. McFarlen

INVOICE

12906

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Mucous stool, off and on inappetence, CBC CHEM T4TSH mild elevated albumen, fecal negative, responds to symptomatic treatment IV fluids and Cerenia. Is now on Tylosin/Cerenia and remains stable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild dependent lumen mineral to small calculi was present. Nondependent particulate accumulated to mobile moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was sonographically normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Pinpoint to focal areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Mild hyperechoic duodenojejunal mucosal speckling was present.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

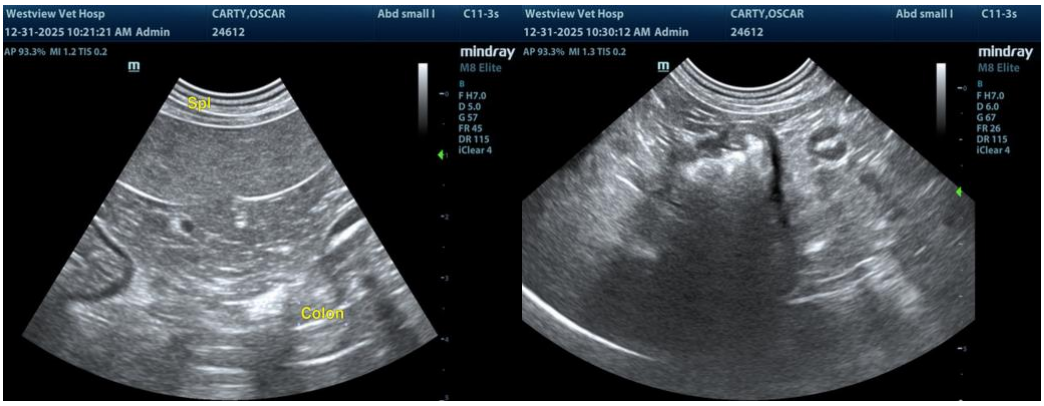
No overt lymphadenopathy or peritoneal effusion was present.

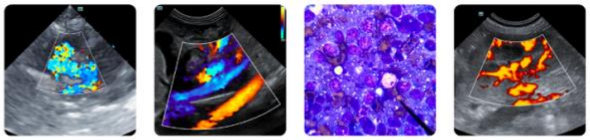
ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment with mild dependent lumen mineral/small calculi.
- Normal bilateral kidneys with pinpoint/focal medullary mineral.
- Normal volume liver.
- Nonspecific mild small intestinal mucosal speckling.
- Semi formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work up including urine culture/sensitivity is recommended. The small intestinal mucosal speckling is nonspecific and of unclear clinical significance although may be associated with nonspecific enteritis. A GI panel to include PLI, TLI, cobalamin and folate +/- screening cortisol level is suggested. Dietary trial which may include a novel protein, hydrolyzed or urinary diet, high colony count probiotics such as Proviable, empirical deworming (Panacur 50 mg/kg SID for five days with repeat protocol in three weeks despite negative fecal testing) may prove beneficial.





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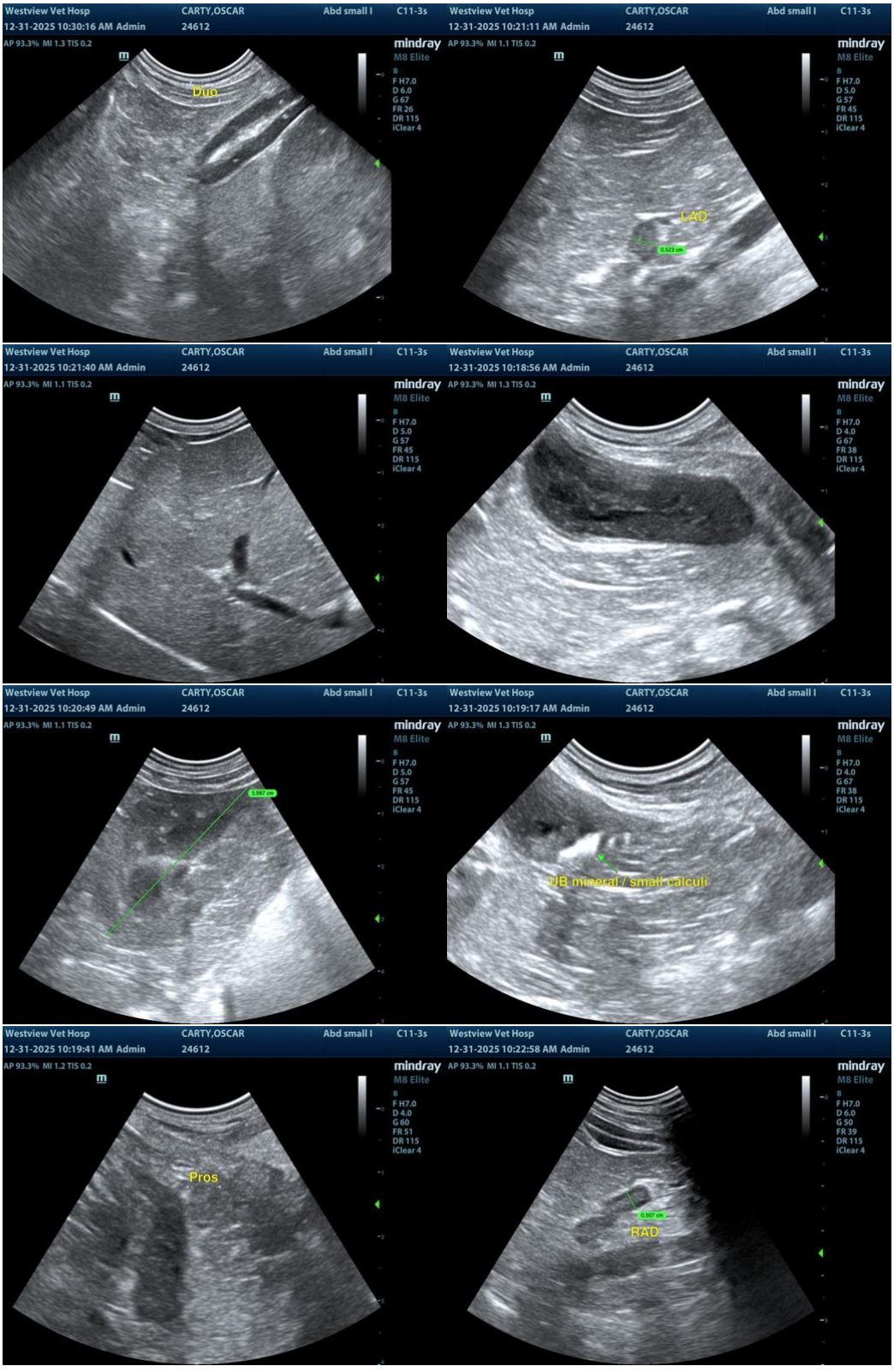

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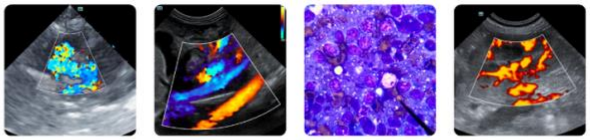

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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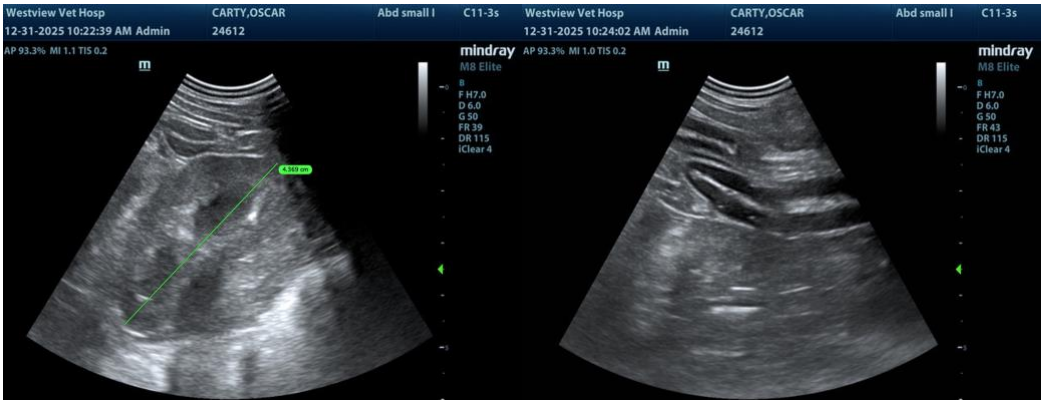

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com